## PART B-ISSUE FEE TRANSMITTAL

à:

Complete and mail this form, together with applicable

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231 94 CCS

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

BROWY AND NEIMARK 419 SEVENTH STREET NW WASHINGTON DC 20004 HM42/1208

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## **Certificate of Malling**

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)

(Signature)

APPL	ICATION NO.	FILING DATE	TOTAL CLA	1040				
		FILING DATE	TOTAL CLAIMS		EXAMINER AND GROUP ART UNIT		DATE MAILED	
(	08/915,736	08/21/97	016	CHAN	MAVĄJJALA,	L	1615	12/08/98
First Named Applicant	HUTCHISON,		35	USC 15	54(b) term	ext. =	0 Days	

INVENTION CHOLINESTERASE INHIBITORS FOR TREATMENT OF PARKINSON'S DISEASE

·									
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE			
1 HUTCHINSON1	A 514-297.	000 M5	S UTIL	TTY YES	\$605.00	03/08/99			
1. Change of correspondence address of Use of PTO form(s) and Customer No.  Change of correspondence address PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address")	umber are recommended, but as (or Change of Corresponde	t not required.	(1) the names attorneys or a the name of member a rec and the names attorneys or ag	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee Inclusion of assignee data is only ap the PTO or is being submitted under filing an assignment.  (A) NAME OF ASSIGNEE  NEW YORK UNIVER (B) RESIDENCE: (CITY & STATE OF New York, New Please check the appropriate assignee	Is identified below, no assignment separate cover. Completion RSITY RCOUNTRY)	nee data will appea t has been previous of this form is NOT	r on the patent. sly submitted to a substitue for	4a. The following fees are ended of Patents and Tradema Issue Fee Advance Order - # of 4b. The following fees or define DEPOSIT ACCOUNT NOTE (ENCLOSE AN EXTRA Issue Fee Advance Order - # of	rks):  Copies 10  ficiency in these fee UMBER 02  COPY OF THIS FO	-4035			
The COMMISSIONER OF PATENTS AN	ND TRADEMARKS IS reques	ited to apply the Iss	sue Fee to the appl	lcation identified above.	*				
NOTE; The Issue Fee will not be accept or agent; or the assignee or other party is Trademark Office.  Burden Hour Statement: This form depending on the needs of the individe to complete this form should be sent Office, Washington, D.C. 20231. DO ADDRESS. SEND FEES AND THIS Patents, Washington D.C. 20231. Under the Paperwork Reduction Act of information unless it displays a val	ed from anyone other than the in interest as shown by the red is estimated to take 0.2 hou dual case. Any comments of to the Chief Information CONOT SEND FEES OR COS FORM TO: Box Issue Fee of 1995, no persons are request.	e applicant; a regis cords of the Patent urs to complete. To on the amount of to Officer, Patent and OMPLETED FORM e, Assistant Comm	tered attorney and lime will vary ime required d Trademark MS TO THIS missioner for	02/08/1999 AIBRAHI 01 FC:242 02 FC:561	1 00000097 089	15736 -605.00 9P -30.00 9P			